

## CLAIMS ONLY

Application Number

101772984

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AMENDMENT |        | AMENDMENT |        |       |        |
|--------------|-----------|--------|-----------|--------|-------|--------|
|              | Indep     | Depend | Indep     | Depend | Indep | Depend |
| 1            |           |        |           |        |       |        |
| 2            |           |        |           |        |       |        |
| 3            |           |        |           |        |       |        |
| 4            |           |        |           |        |       |        |
| 5            |           |        |           |        |       |        |
| 6            |           |        |           |        |       |        |
| 7            |           |        |           |        |       |        |
| 8            |           |        |           |        |       |        |
| 9            |           |        |           |        |       |        |
| 10           |           |        |           |        |       |        |
| 11           |           |        |           |        |       |        |
| 12           |           |        |           |        |       |        |
| 13           |           |        |           |        |       |        |
| 14           |           |        |           |        |       |        |
| 15           |           |        |           |        |       |        |
| 16           |           |        |           |        |       |        |
| 17           |           |        |           |        |       |        |
| 18           |           |        |           |        |       |        |
| 19           |           |        |           |        |       |        |
| 20           |           |        |           |        |       |        |
| 21           |           |        |           |        |       |        |
| 22           |           |        |           |        |       |        |
| 23           |           |        |           |        |       |        |
| 24           |           |        |           |        |       |        |
| 25           |           |        |           |        |       |        |
| 26           |           |        |           |        |       |        |
| 27           |           |        |           |        |       |        |
| 28           |           |        |           |        |       |        |
| 29           |           |        |           |        |       |        |
| 30           |           |        |           |        |       |        |
| 31           |           |        |           |        |       |        |
| 32           |           |        |           |        |       |        |
| 33           |           |        |           |        |       |        |
| 34           |           |        |           |        |       |        |
| 35           |           |        |           |        |       |        |
| 36           |           |        |           |        |       |        |
| 37           |           |        |           |        |       |        |
| 38           |           |        |           |        |       |        |
| 39           |           |        |           |        |       |        |
| 40           |           |        |           |        |       |        |
| 41           |           |        |           |        |       |        |
| 42           |           |        |           |        |       |        |
| 43           |           |        |           |        |       |        |
| 44           |           |        |           |        |       |        |
| 45           |           |        |           |        |       |        |
| 46           |           |        |           |        |       |        |
| 47           |           |        |           |        |       |        |
| 48           |           |        |           |        |       |        |
| 49           |           |        |           |        |       |        |
| 50           |           |        |           |        |       |        |
| Total Indep  | 2         |        |           |        |       |        |
| Total Depend | 7         |        |           |        |       |        |
| Total Claims | 9         |        |           |        |       |        |